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MARGIN RESERVED FOR BINDING
 N. B.—WRITE PENNLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County Maricopa State Arizona State File No. 178
 Township _____ or Village _____ Registered No. 136
 City Tempe No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ____ ds. How long in U. S. if of foreign birth? 54 yrs. mos. ____ ds.

2. FULL NAME Peter Godfrey
 (a) Residence: No. Tempe Arizona St. _____ Ward _____ No. 112
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>April 1st 1933</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Leona Godfrey</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 23, 1933, to April 1, 1933</u> I last saw him live on <u>Mar. 31st 1933</u> death is said to have occurred on the date stated above, at <u>10:30 p.m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Jan 9 - 1862</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE		Years <u>71</u>	Months <u>2</u>	Days <u>22</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u> 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				<u>Bronchial Asthma</u>	Date of Onset <u>1919</u>
				<u>Myocarditis</u>	<u>1930</u>
12. BIRTHPLACE (city or town) (state or country) <u>Rudjoberg Denmark</u>				Other contributory causes of importance <u>Cholecystitis</u> <u>1924</u>	
13. NAME <u>Christian Godfrey</u>				Name of operation <u>None</u> Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Denmark</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>unknown</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) (State or country) <u>Rudjoberg Denmark</u>				Manner of injury _____ Nature of injury _____	
17. INFORMANT <u>Mrs. Sam Goddard</u> (Address) <u>Tempe, Arizona</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Southern Cemetery Tempe Arizona</u> Date <u>4-4-1933</u>				If so, specify _____ (Signed) <u>R. J. Steved</u> M. D. (Address) <u>Tempe, Arizona</u>	
19. UNDERTAKER <u>E. P. Carr</u> (Address) <u>Tempe, Arizona</u>					
20. Filed <u>April 9, 1933</u> <u>Mary A. Collier</u> Registrar.					